Price Agreement Invoice for Labor – Actual Cost Calculation (C)

(as defined by § 00197.30(b) of the 2024 Oregon Standard Specifications for Construction)

Print Form

Prepared by	Date	Project Name (Section)	Extra Work Order No.	Contract No.

Reviewed by	Date	Contractor	Subcontractor (if applicable)	Period o f Work	TO

Labor				Dates																													Total Hours (1)	Hourly Rate (2)	$Amt Col 1 x Col 2
	Name of Employee	Craft	Group No.	Month																																
				Day																																
1				OT																																
				ST																																
2				OT																																
				ST																																
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Travel, Subsistence, Expense, Etc.			
List Number from Above	Days or Hours	$ Rate	$ Amount
Other Expenses (attach receipts if appropriate)			
Total to Line F		A	

Taxes and Insurance on Payroll		
		Computed Rate %
Class Code		0%
Assigned Risk Base Rate		
Experience Modification Factor		
Social Security - FICA		
Oregon Unemployment		
Federal Unemployment		
Total Percentages for Taxes and Insurance	B	0%

Vacation	Craft			
Total for Labor and Vacation			C	
Total for Taxes and Insurance (Line B x Line C)			D	$0.00
Fringe Benefits (Health and welfare, pension, education, or training, etc.)	Craft			
Total for Fringe Benefits			E	
Total Travel, Subsistence, Expenses, Etc. (From Line A)			F	
Total of Lines C, D, E, F			G	$0.00
Contractor's Percentage Allowance (Line G x 29%)			H	$0.00
Total Amount Due (Line G & Line H)				$0.00

Submit the Original and one copy to Project Manager.